

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052329

Entity Name: CGSI INTERNATIONAL, LLC.

FILED  
Jan 20, 2009  
Secretary of State

**Current Principal Place of Business:**

8140 N.W. 74TH AVENUE  
9  
MIAMI, FL 33166

**New Principal Place of Business:**

SHIPNET 3-1233, P.O. BOX 02-5210  
MIAMI, FL 33102

**Current Mailing Address:**

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RANGEL, ALEXANDRE  
1690 S.W. 27TH AVENUE  
804  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  Delete  
Name: OTI, ANGEL  
Address: 8140 N.W. 74TH AVENUE, SUITE #9  
City-St-Zip: MIAMI, FL 33166

Title: MGR  Delete  
Name: VALLS, JUAN  
Address: 8140 N.W. 74TH AVENUE, SUITE #9  
City-St-Zip: MIAMI, FL 33166

Title: MGR  Delete  
Name: LEDERMANN, PAUL  
Address: 8140 N.W. 74TH AVENUE, SUITE #9  
City-St-Zip: MIAMI, FL 33166

Title: MGR  Delete  
Name: BRANDO, MARCO  
Address: 8140 N.W. 74TH AVENUE, SUITE #9  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANGEL OTI

MGR

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date